



SEIZURE - PEDIATRIC

(Less than 15 years of age)

I. FIELD ASSESSMENT/TREATMENT INDICATORS

- Tonic/clonic movements followed by a brief period of unconsciousness (post-ictal).
- Suspect status epilepticus for frequent or extended seizures.
- History of prior seizures, narcotic dependence or diabetes.
- Febrile seizures (patients under four (4) years of age).
- Traumatic injury.

II. BLS INTERVENTIONS

- Protect patient from further injury; axial-spinal stabilization if indicated.
- Assure and maintain airway patency after cessation of seizure, with oxygen therapy as indicated.
- Airway management as indicated (OPA/NPA, BVM Ventilation).
- Position patient in left lateral position in absence of traumatic injury; watch for absent gag reflex.
- Remove excess clothing and begin cooling measures if patient is febrile.
- Protect patient during transport by padding appropriately.

III. LIMITED ALS (LALS) INTERVENTIONS

- Advanced airway as clinically indicated.
- Obtain vascular access.
- Obtain blood glucose level, if indicated administer:
 - Dextrose per ICEMA Reference #7040 - Medication - Standard Orders.

- May repeat blood glucose level. Repeat Dextrose per ICEMA Reference #7040 - Medication - Standard Orders if indicated.
- Glucagon per ICEMA Reference #7040 - Medication - Standard Orders, if unable to start an IV.

IV. ALS INTERVENTIONS

- Establish advanced airway as needed.
- Obtain vascular access and place on cardiac monitor if indicated.
- Obtain blood glucose level, if indicated administer:
 - Dextrose per ICEMA Reference #7040 - Medication - Standard Orders.
 - May repeat blood glucose level. Repeat Dextrose per ICEMA Reference #7040 - Medication - Standard Orders if indicated.
 - Glucagon per ICEMA Reference #7040 - Medication - Standard Orders, if unable to start an IV.
- For tonic/clonic type seizure activity administer:
 - Midazolam per ICEMA Reference #7040 - Medication - Standard Orders.
 - Assess and document response to therapy.
 - Base hospital may order additional medication dosages or a fluid bolus.

V. REFERENCE

| <u>Number</u> | <u>Name</u> |
|---------------|------------------------------|
| 7040 | Medication - Standard Orders |